

Anticholinergic drugs;

Cholinergic antagonists,

Cholinergic blockers,

Cholinergic receptor blocking drugs,

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Clinical uses of antimuscarinics;

⇔ CNS;

- > Parkinsonism;
 - Benzhexol, Benztropine, Biperiden, Procyclidine, Orphenadrine.
 - suppress tremors and rigidity.
 - Used as adjuncts to levodopa.
- >Acute dystonias;
 - **Benztropine** is used parenterally to treat acute dystonias caused by **antipsychotic medications**.

➤ Motion sickness;

- Scopolamine (Inj., oral, transdermal patch) is used for Prevention of motion sickness and postoperative Nausea & Vomiting.
 - Not effective in other forms of vomiting.

>Amnesic action;

- Scopolamine block short term memory.
- Adjunct drug in anesthesia.
- Twilight sleep:
 - -(An amnesic condition characterized by insensitivity to pain without loss of consciousness) during labor
 & mania states to produce sleepiness & sedation.
 - Hyoscine with Morphine.



Eye; Tropicamide, homatropine, Cyclopentolate.

Diagnostic use;

- Accurate measurement of refractive errors in uncooperative patients --- young children.
 - Anti-muscarinic drugs should never be used for mydriasis unless cycloplegia or prolonged action is required.
 - Tropicamide ---- a short acting drug is preferred.
 - In infants more potent cycloplegia is needed --- e.g., atropine, homatropine.

For fundoscopy;

- In elderly to avoid glaucoma, phenylephrine is preferred.
- Phenylepherine (α₁ stimulant) produce a short lasting mydriasis and is sufficient for fundoscopic examination.

>Therapeutic use;

- Atropine gives rest to intraocular muscles and relieves painful spasm and is used in
 - Iritis, iridocyclitis, chorioditis, keratitis, corneal ulcers.
- To prevent synechia (adhesions) formation in uveitis and iritis.
 - Anterior / posterior synechia: alternating with miotics.

Respiratory tract;

- > Preanesthesia medication;
 - Reduce bronchial & salivary secretions,
 - Produce mild bronchodilation,
 - Prevent vasovagal attack / cardiac arrest.

Parenteral atropine or glycopyrrolate.

- **▶** Bronchial asthma and COPD;
 - **Ipratropium** ---- a quaternary antimuscarinic agent used by inhalation--not absorbed no central effects.
 - **Tiotropium** --- longer duration of action.
 - Not as efficacious as β₂ agonists.
 - Less likely to cause tachycardia and cardiac arrhythmia.
 - Their effectiveness is limited because block of autoinhibitory M₂
 receptors on postganglionic parasympathetic nerves can oppose
 the bronchodilation caused by block of M₃ receptors on airway
 smooth muscles.



> Bradyarrythmias (Bradycardia);

- Used to treat bradyarrythmias associated with MI, digitalis toxicity, general anaesthetic drugs.
- Used to prevent bradyarrythmias associated general anaesthetic drugs and IV cholinergic drugs (Neostigmine).

GIT and as Antispasmodic;

- **≻** Colicky Pain;
 - Intestinal / Renal colic; Biliary colic +/-
- **▶** Diarrhea;
 - ↓ hyermotility in transient diarrheas.
 - Nervous, functional, drug-induced.
- ➤ Irritable Bowel Syndrome or Colonic Diverticular Disease. Dicyclomine.
- **≻**Peptic ulcer;
 - To reduce acid secretion in acid peptic disease.
 - Pirenzepine, Telenzepine.

- Genitourinary tract; (Tolterodine, Oxybutynin solifenacin and darifenacin).
 - >To reduce urgency in mild cystitis.
 - To reduce involuntary voiding in neurological disease e.g., children with meningomyolocele.
 - (Oxybutynin) -- Oral or instillation by catheter into the bladder.
 - >Stress incontinence;
 - Tolterodine, solifenacin and darifenacin.
 - Tertiary amines with greater selectivity for the M₃ receptors.

>Enuresis in children;

- Oxybutynin (nonselective), flavoxate, Trospium.
- Imipramine a TCA --- Moderately effective in controlling incontinence ---- CNS toxic effects.

Antisecretory agent;

- > Pre-anaesthetic Medication.
- **≻Peptic ulcer.**
- > Hyperhidrosis (excessive sweating);
 - To check excessive sweating and salivation as in parkinsonism – Benztropine.
 - **Hyperhidrosis** (excessive sweating) is sometimes reduced by antimuscarinic agents.
 - Relief is incomplete --- Apocrine rather than eccrine glands are usually involved.

Cholinergic poisoning; (Antidote for cholinergic agonists);

- Organophosphorus poisoning;
 - Atropine Counter only muscarinic effects.
 - Does not reverse nicotinic effects.
 - Higher doses --- can reverse the central effects.
 - It is given in large doses parenterally.
 - 1-2 mg i/v every 5-15 minutes until signs of atropinization appear (dry mouth, reversal of miosis).
- > Mushroom poisoning.
- Physostigmine poisoning;
 - Atropine enters the CNS --- Blocks peripheral and central effects of physostigmine.

Atropine Adverse effects – (Dose dependent)

• Anti-secretory:

Dry mouth, difficulty in talking & swallowing/chewing.

Effects on CNS;

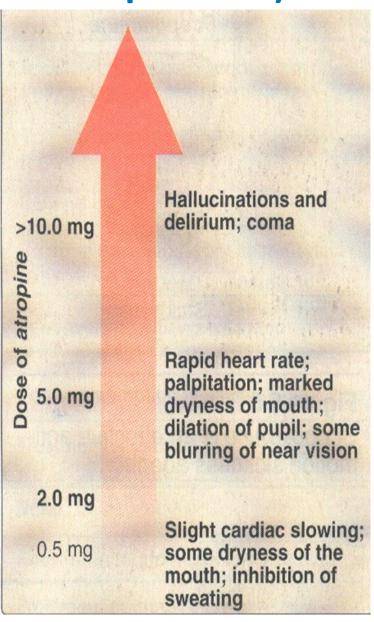
- Restlessness, disorientation, confusion, hallucinations, delirium, convulsions, coma.
- Collapse of circulatory and respiratory system.

• Eyes:

 Dilated pupil, photophobia, blurring of near vision, aggravation of glaucoma.

• Skin:

 Dry, flushed & hot skin esp. over face & neck (Atropine fever), scarlet rash.



Dose dependent effects of atropine

CVS:

 Tachycardia, Palpitations, weak & rapid pulse, hypotension, circulatory collapse.

Urinary bladder:

Difficulty in micturation, urinary retention.

• GIT:

Constipation, ↓ed bowel sounds.

In elderly;

An exacerbation of an attack of glaucoma and urinary retention.

Atropine Toxicity is sometimes described as; "Dry as a bone, Red as a beet, Mad as hatter, Hot as a hare, Blind as a bat"

ATROPINE OVERDOSE



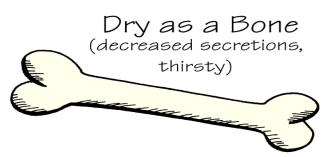
Hot as a Hare (↑temperature,↓sweating)

Mad as a Hatter (confusion, delirium)





Red as a Beet (flushed face, tachycardia)



CONTRA-INDICATIONS;

- Glaucoma,
- Prostate Hypertrophy,
- IHD and Tachyarrhythmias,
- Young Children and Infants.

